Ferm **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZfor instructions and the latest information

Open to Public Inspection

Ā			he 2017 calendar year, or tax year beginning , 2017, and	ending	<del></del>	,		
В	_ <	heck	heck if applicable C D Em			er identification number		
Į F	=	Address change TIIIINOIS STATE CONFEDENCE OF O D			37-6	37-6038744		
į	=	Name diange				Telephone number		
ļ	=		1820 LIONS DRIVE				1	
í	=		ded return TROY, IL 62294	RT	E Cualin		À	
Ì	=		ation pending	() つ	F Group Numbe	roup Exemption but the second		
G	1	Ассо	unting Method	H Chec	k ► X if th	ne organization is <b>not</b>		
1	١	<b>Veb</b> ≤	site: N/A			ch Schedule B		
J	1	ax-e	<b>xempt status</b> (check only one) $ \bigcirc$ 501(c)(3) $\bigcirc$ $\bigcirc$ 501(c)(5) $\bigcirc$ (insert no) $\bigcirc$ 4947(a)(1) or	527 (Forn	n 990, 990-	EZ, or 990-PF)		
K			of organization Corporation Trust Association Other					
L	. A	Add I	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200 ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form	0,000 or more, or 990-EZ	if total	\$ 17,331.		
[]	Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)							
			Check if the organization used Schedule O to respond to any question in this Par	t L		X		
		1	Contributions, gifts, grants, and similar amounts received		1			
	1	2	Program service revenue including government fees and contracts		2	17,217.		
		3	Membership dues and assessments		3			
		4	Investment income	1	4	114.		
			Gross amount from sale of assets other than inventory 5a	<del></del>				
			Less cost or other basis and sales expenses 5 to	<u> </u>				
9			Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events		5 (			
	Ŗ	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	ŀ		PECELVED		
Ž	Ž	b	Gross income from fundraising events (not including \$ of	contributions	į.	RECEIVED	-	
	N U		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	1	222	MAR 2 6 2018	0	
YAW	ļ	c	Less direct expenses from gaming and fundraising events 6 c			MAR 2 6 2018	V	
<b>%</b>		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		60	OGDEN, UT	, E	
2		7 a	Gross sales of inventory, less returns and allowances 7a	ı				
<u>~</u>		b	Less cost of goods sold 7b					
2018	1	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	·	7 (	c		
99		8	Other revenue (describe in Schedule O)		8			
_	_	9_	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	17,331.		
_		10	Grants and similar amounts paid (list in Schedule O)		10	<u></u>		
		11	Benefits paid to or for members		11			
!	E X	12	Salaries, other compensation, and employee benefits		12	200.		
	P	13	rofessional fees and other payments to independent contractors		13	830.		
	S	14	Occupancy, rent, utilities, and maintenance	•	14			
	E	15	Printing, publications, postage, and shipping	C-1-4-1- 0	15			
	- 1	16	The superior (account of the contract of	Schedule 0	16	6,023.		
_	4	17	Total expenses. Add lines 10 through 16.		▶ 17	7,053.		
	Δ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	10,278.		
N E	A S S E T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must figure reported on prior year's return)	agree with end-o	of-year 19	35,831.		
'	T S	20	Other changes in net assets or fund balances (explain in Schedule O)		20			
	_	21_	Net assets or fund balances at end of year Combine lines 18 through 20		▶ 21	46,109.		
Ē	BAA	Fo	r Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2017)		

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Ŗā	Balance Sheets (see the inst	ructions for Part II)	antion in this Doub II			П
	Check if the organization used Sche	edule O to respond to any qu		(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments		<u> </u> -	35,831		46,109.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets		Ĺ	35,831		46,109.
26	Total liabilities (describe in Schedule O)	olumno (D) mustat a ma a susta lun	21)	0.5.001		0.
27	Net assets or fund balances(line 27 of c			35,831	. 27	46,109. Expenses
Pa	Check if the organization used Sci			ıı [X]	/Pag	juired for section 501
What	is the organization's primary exempt purpose? See	Schedule 0	·		(c)(3	) and 501(c)(4)
Des	cribe the organization's program service a sured by expenses. In a clear and concise efited, and other relevant information for e	ccomplishments for each of i	ts three largest progr	am services, as		nizations; optional thers)
ben	efited, and other relevant information for e	each program title.	es provided, the num	iber of persons	1000	uners)
28	MEETINGS AND CONFERENCES	ARE NEED TO DISCUS	S AND PLAN AC	TION ON		
	PROBLEMS COMMON TO ALL ME	MBER LOCALS.				
	70		,,- <del>-</del>			
20	(Grants \$ ) If th	is amount includes foreign gr	rants, check here		28a	
29				- <b></b>	1	
					{	
	(Grants \$ ) If th	is amount includes foreign gi	rants, check here		29 a	
30					1	
					1	
					1	
	· _ · · _ · · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · · _ · · _ ·	is amount includes foreign gi	rants, check here	<u>-</u> -	30 a	
31	Other program services (describe in Sch	•		. 🗆	1	
20		is amount includes foreign gi	rants, check here		31 a	
	Total program service expenses(add lin		100C (lest each end	hotonus den de nou	32	ha waterations for Doct IV
:Pia	Check if the organization used Sc			· ·	– see u	he instructions for Part IV)
		(b) Average hours per	(c) Reportable compensation	(d) Health benefi	ts,	
	(a) Name and title	week devoted to position	(Forms W 2/1099 MISC) (If not paid, enter -0-)	contributions to emp benefit plans, and de compensation	eferred	(e) Estimated amount of other compensation
<u>СТ</u>	EVE CLEMENT		,	Compensation		
	ce President	0	(		0.	0.
	ANNON FOLEY			1		<u> </u>
	EAS/SEC	0	200		0.	0.
	DD GRAY					
	ce President	0			0.	0.
	T STURMS	0	,		•	
	ce President FRICK LACASSA	0		-	0.	0.
	ce President	0	,		0.	0.
	N DOPERALSKI					0.
	ce President	0	(	.	0.	0.
CH	RIS BUTLER					
Pr	esident	0	(	<u>.                                    </u>	0.	0.
			•			
BAA		TEEA0812L 0	  8/22/17			Form <b>990-EZ</b> (2017)
		, CC, 100, CE				

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the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V			
33 Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
If 'Yes,' provide a detailed description of each activity in Schedule O	33	i	Х
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	34		
a change to the organization's name Otherwise, explain the change on Schedule 0 (see instructions)  35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	<b>34</b>	<b></b>	<u>X</u>
(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
b If 'Yes,' to line 35a, has the organization filed a Form 990 T for the year? If 'No,' provide an explanation in Schedule O	35 b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35 c		v
reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III  36 Did the organization undergo a liquidation, dissolution, termination, or significant	350	$\vdash$	<u> </u>
disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	.	Х
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37 a 0			
b Did the organization file Form 1120-POL for this year?	37 b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employesor were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	<del>                                     </del>	
b If 'Yes,' complete Schedule L, Part II and enter the total	30 a		X
amount involved  38b  N/2	A		
39 Section 501(c)(7) organizations. Enter	_		}
a Initiation fees and capital contributions included on line 9			
b Gross receipts, included on line 9, for public use of club facilities  [39b] N/	<u>A</u>		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: N/A			į
section 4911 N/A, section 4912 N/A; section 4955 N/A  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			
benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0			İ
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	-		
by the organization •0	<u>.</u>		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41 List the states with which a copy of this return is filed ► None			
42 a The organization's books are in care of SHANNON FOLEY  Located at 820 LIONS DRIVE TROY IL  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country.*	42 b	Yes	No X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country.'	42 c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 − Check here and enter the amount of tax-exempt interest received or accrued during the tax year . ► 43			N/A N/A No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
c Did the organization receive any payments for indoor tanning services during the year?		1 /	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O	44 c	<del> </del>	A -
II IVO, provide air explanation in concodie o	44 c		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44 d 45 a		X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	44 d		X

Form 990-	EZ (2017) ILLINOIS STATE CONF	ERENCE OF O.P.		37-60	38744	Р	age 4	
	the organization engage, directly or indired didates for public office? If 'Yes,' complete		ign activities on behalf o	of or in opposition to	46	Yes	No X	
PärkWi	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	ns must answer q		d 52, and complete	the table	:S		
	Check if the organization used Schedul	e O to respond to any	question in this Part VI		<del></del>	!		
	the organization engage in lobbying activit plete Schedule C, Part II	ties or have a section 5	501(h) election in effect	during the tax year? If	'Yes,' 47	Yes	No	
	e organization a school as described in se			dule E	48			
	the organization make any transfers to an		e related organization?		49 a		<del></del>	
	es,' was the related organization a section iplete this table for the organization's five		employees (other than o	officers directors trusti	49b			
	loyees) who each received more than \$10							
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com			
<b>51</b> Com	I number of other employees paid over \$1 aplete this table for the organization's five pensation if there is	highest compensated	Independent contractors	who each received mo	ore than \$10	0,000	of	
	(a) Name and business address of each independent co	ontractor	(b) Type o	of service	(c) Comp	ensatio	1	
				<del></del>				
				<del></del>				
<b>52</b> Did	al number of other independent contractors the organization complete Schedule A? <b>No</b> pleted Schedule A	-		tach a	► \\Yes	 		
	es of perjury, I declare that I have examined this return, inclu- and complete. Declaration of preparer (other than office	iding accompanying schedules a	and statements, and to the best of	my knowledge and belief, it is				
	and complete Declaration of preparer (other trial office	) is based on all information of	or willor preparer has any known	3-20-20	18			
Sign Here	Signature of officer  SHANNON FOLEY	3		Date TREAS/SEC			-	
	Type or print name and title							
Paid	Print/Type preparer's name  John C. Simpson	John C. Simpso	on $\frac{2}{3}/9/2$	Check   if	PTIN P0126774	2		
Preparer	Firm's name > Voellinger, Simp							
Use Only	1000 111 222211025 501/ 500 1				Firm's EIN 37-1309334  Phone no (618) 233-8515			
May the I	Belleville, IL		u otrone	Phone no (6]				
————	RS discuss this return with the preparer sh	nown above? See instr	uctions	<del></del>	► X Yes		No (2017)	

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990for the latest information.

OMB No 1545 0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ILLINOIS STATE CONFERENCE OF O.P. & C.M.I.A

Employer identification number

37-6038744

### Form 990-EZ, Part I, Line 16 Other Expenses

Conferences, Conventions, and Meetings Insurance	\$	3,993. 338.
PER CAPITA TAXES PICTURES		50. 125.
REIMBURSMENT OPERATING EXPENSE	Total \$	1,517. 6,023.

#### Form 990-EZ, Part III - Organization's Primary Exempt Purpose

MEETINGS AND CONFERENCES ARE NEED TO DISCUSS AND PLAN ACTION ON PROBLEMS COMMON TO ALL MEMEBER LOCALS.